FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ (See instru	_	Office use only
1. NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Build America	PAC		
ADDRESS (number and s	treet) 153-01 Jamaica A	venue 	
X (Check if address is changed)	Suite 535 Jamaica	<u> </u>	NY
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI		OH 1 A	STATE ZII GODE A
psimm@msn.c	com		
سسسط			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N	UMBER		
ىيا لىيا	السا ال		
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10		
3. FEC IDENTIFICA	TION NUMBER	C C00377143	
4. IS THIS STATEM	ENT X NEW (N) OF	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Patsy A. Simn	nons	
Signature of Treasurer	Electronically Filed by Patsy A	A. Simmons	Date 0 3 / 1 0 / Y Y Y Y Y
NOTE: Submission of fal		may subject the person signing this SI	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate				
	Candidate Office Sought: House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
	(d) This committee is a (National, State (Der Rep	nocratic, ublican,etc.) Party.			
	(e) This committee is a separate segregated fund				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party			
6.	6. Name of Any Connected Organization or Affiliated Committee				
l	None	. .			
_	Mailing Address				
	Mailing Address				
		. 1 1 1			
CITY▲ STATE ★ ZIP CODE ▲					
	Relationship				
Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization	n			
	Membership Organization Trade Association Cooperative				

possession of Comr	C s: Identify by name, address, (phone number on mittee books and records.		he person in
7. Custodian of Records possession of Comr	s: Identify by name, address, (phone number on mittee books and records.		he person in
possession of Comr	nittee books and records.		he person in
Full Name	atsy A. Simmons		
Mailing Address			
	20-24 Plainview Avenue		
	Far Rockaway	NY	11691
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treas	surer T	Telephone number	
name and address of Full Name of Treasurer	name and address (phone number optional) of of any designated agent (e.g., assistant treasurer) atsy A. Simmons 20-24 Plainview Avenue	the treasurer of the comm).	
Mailing Address	20-24 Plainview Avenue		
	Far Rockaway	NY	11691
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treas	surer 7	Felephone number	
Full Name of Designated Agent P	atsy A. Simmons		
	20-24 Plainview Avenue		
Mailing Address			
Mailing Address	Far Rockaway	NY	11691
Mailing Address Title or Position ♥		NY STATE A	11691

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.			
	Name of Bank, Depository, et	c.		
	Carve	er Federal Savings Bank		
	Mailing Address	115-02 Merrick Blvd.		
		St. Albans NY	11432 _	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Corporation

Membership Organization

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Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	accounts, rents
. Ch	nase Manhattan Bank	
Mailing Address	930 Rosedale Road	
	New York NY	11413
	CITY A STATE A	ZIP CODE △
Name of Any Connecte	ed Organization or Affiliated Committee	ADDITIONAL 1
Name of Any Connecte	ed Organization or Affiliated Committee	ADDITIONAL]
Name of Any Connecte	ed Organization or Affiliated Committee	ADDITIONAL]
Name of Any Connecte	ed Organization or Affiliated Committee	ADDITIONAL]
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Name of Any Connecte	ed Organization or Affiliated Committee	ADDITIONAL]
	ed Organization or Affiliated Committee	ADDITIONAL]
	ed Organization or Affiliated Committee	ADDITIONAL]
	ed Organization or Affiliated Committee [CITY STATE	ADDITIONAL]
Mailing Address	CITYA STATEA	

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			_
Title or Position ♥	CITY A	STATE ≜	ZIP CODE A
		elephone number	